Department of Health & Human Services Centers for Medicare & Medicaid Services 61 Forsyth St., Suite. 4T20 Atlanta, Georgia 30303-8909



July 20, 2007

Susan Bowling, Acting Director
Department of Health & Human Services
1801 Main Street
11th floor
Columbia, SC 29201

RECE.

1 2 7 2007

Departme. "In & Human Services
OFFICE U. DIRECTOR

Dear Ms. Bowling:

I am pleased to inform you that your request to amond South Carolina's 1.

Waiver for Children with Pervasive Develop has been approvement, control number 0456.01 is effective July 1.

Specifically, you requested to increase the mber of individuals in the waiver fro.

500 for years one thru three and increase the mber of individuals engag.

Approval of this amendment has point the cost effectiveness estimates.

We appreciate the effort and contact the revised pages have been feel free to contact Kimberly contact Kimbe

Sincerely,

nard L. Murray, D.M.

iate Regional Administrator

L. of Medicaid and Children's Health Operations

RECEIVED

UG 2 2007

SCDDSN POLICY / OPERATIONS

01/19/2007 13:58 803-898-4509 LONG TERM CARE

DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF DIRECTOR

12- Log FRom Wells to Bowling - Cc. We, In						
12c-Log trom Wells	to Bowling - cc. We, Im					
TO cong-file	DATE					
Bowling Waldrup	1-16-07					
DIRECTOR'S USE ONLY	ACTION REQUESTED					
1. LOG NUMBER 668449	[] Prep. or the Director's signature					
2. DATE SIGNED BY DIRECTOR	[] Prepare reply to					
ec: Wells	DATE DUE					
	Necessary Actic					
APPROVALS (Only when prepared for director's signature)	DISAPPROVE COMMENT The reason for aroyal and arto					
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(Only when prepared for director's signature)	te reason for proval and					
(Only when prepared for director's signature) 1.	te reason for proval and					

Department of Health & Human Services Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-14-26 Baltimore, Maryland 21244-1850

CENTER" - "PAID SERVICES

Center for Medicaid and State Operations
Disabled and Elderly Health Programs Group (DEHPG)

RECL 4D

December 27, 2006

JAN 1 2 2

Department of Health & Hur vices
OFFICE OF THE DI OR

Ø, .

Mr. Robert M. Kerr Director for Medicaid Department of Health and Human Se Post Office Box 8206 Columbia, South Carolina

Dear Mr. Kerr,

I am pleased to inform ' quest to implement South Ca. Home and Community Based W 'th Pervasive Developmental order has been approved. This wai control num. 'is effective January 1, 2007.

Specifically, the St early intensive structure ages three the disorder, include and Asperger's Syndrome and maximum of 120 children ages three the disorder, include and Asperger's Syndrome and maximum of 120 children ages three the disorder, include and Asperger's Syndrome and maximum of 120 children and maximum of 120 children ages three the disorder, include and Asperger's Syndrome and maximum of 120 children ages three the disorder, include and Asperger's Syndrome and maximum of 120 children ages three the disorder, include and asperger's Syndrome and a maximum of 120 children ages three the disorder, include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and asperger's Syndrome and a maximum of 120 children ages three the disorder include and a maximum of 120 children ages three the disorder include and a maximum of 120 children ages three t

The State intends to provide ant directed services in this waiver. However, time needed in the infrastructure for this service delivery set is to start particles.

The followir of unduplicated ic .ents and average per capita costs of waiver services have een 4;

Waiver	Unc	ત	Waiver
Year	Recipi		Expenditures
1	120		\$26,860
2	120		\$32,923
3	120		\$33,900

This approval is subject to your agreement to serve up to the number of inindicated above for each waiver year. If South Carolina wishes to make alter, this waiver, an amendment must be submitted for approval. The waiver can be reneve the end of the three-year period by providing documentation of satisfactory performand oversight. We appreciate the cooperation provided by you and your staff in the development of this home and community-based services waiver program. If there are any questions, you may contact David Mark Reed at (410) 786-0°

Sincerely,

Suzanne Bosst

Director

Division of Comn.

Institutional Services

cc: Terrie Morris Atlanta Regional Office